

BEST AVAILABLE COPY

CLAIMS ONLY						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1							51		
2							52		
3							53		
4							54		
5							55		
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47							97		
48							98		
49							99		
50							100		
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TOTAL DEP.	0	<input type="checkbox"/>	TOTAL DEP.	<input type="checkbox"/>	<input type="checkbox"/>				
TOTAL CLAIMS	<input type="checkbox"/>	TOTAL CLAIMS	<input type="checkbox"/>	<input type="checkbox"/>					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS